U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 58316,0003 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR **SMALL ENTITY** SMALL ENTITY (Column 2) (Column 1) RATE NUMBER EXTRA RATE FEE FEE NUMBER FILED FOR BASIC FEE 385.40 oR (37 CFR 1.16(a)) TOTAL CLAIMS x s 9. 54.0 0 or 6 26 minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 n/a OR 2 minus 3 = (37 CFR 1.16(b)) 0 OR + \$ 145= 145.0 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) TOTAL 584.00 OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 3) SMALL ENTITY (Column 2) (Column 1) HIGHES1 CLAIMS PRESENT RATE ADDI-RATE ADDI-⋖ REMAINING NUMBER TIONAL **EXTRA** TIONAL AFTER PREVIOUSLY NDMENT FFE PAID FOR FEE AMENDMENT Minus Total OR X S (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) x s OR ũ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) HIGHES1 CLAIMS PRESENT RATE ADDI-RATE ADDI- $\mathbf{\omega}$ REMAINING NUMBER TIONAL TIONAL **PREVIOUSLY** ENT AFTER FEE FEE AMENDMENT PAID FOR Minus ENDME Total OR (37 CFR 1.16(c)) Minus (37 CFR 1.15(b)) = X \$ OR X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-**PRESENT** RATE ADDI-NUMBER REMAINING TIONAL **EXTRA** TIONAL **PREVIOUSLY** AFTER FEE FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) ENDM OR X S Minus X S OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the entry in column 1 is less than the entry in column 2, while 0 in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10824414

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CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHE	R THAN
			(Colum	n 1)	(Column 2)			TYPE		ОR	SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			26_ minus 20= *6					X\$ 9=	54,	QR.	X\$18=	
INDEPENDENT CLAIMS			2 _ minus 3 = 8					X43=	137.	OR	X86=	
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT /					+145=	1		+290=	
* 15	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL	145.	┱╴ '	<del>_</del>	
CLAIMS AS AMENDED - PART II								IOIAL	L	OR	TOTAL	
		(Column 1)				(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS	1	HIGHEST		1 . 1	7 r		455	<b>7</b> 1		
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- II	the entry in colur the "Highest Nur		TOTAL		OR .	TOTAL						
	the "Highest Nur	mber Previously Pa	id For IN THIS	S SPACE is I	ess than	1 3. enter "3."		DIT. FEE L		. ~	DDIT. FEE L	
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